

# Best Available Copy

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

REF. NO. 097581809

FILING DATE

APPLICANT(S)

## CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

1		/			
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TOTAL IND.		2			
TOTAL DEP.		10			
TOTAL CLAIMS		14			

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